HCS HB 156 -- INFORMED CONSENT FOR ABORTION

SPONSOR: Holand (Phillips)

COMMITTEE ACTION: Voted "do pass" by the Committee on Health Care Policy by a vote of 10 to 4.

This substitute revises the provision pertaining to informed consent for an abortion.

Except in the case of a medical emergency, the substitute prohibits a person from performing or inducing an abortion unless the treating physician has conferred with the patient and discussed the indicators and contra-indicators of the proposed abortion or drug or drugs used for the abortion, considering a woman's medical history and medical condition. The conference between the treating physician and the patient must occur at least 24 hours before performing or inducing an abortion.

For an abortion induced by drug or drugs, one conference between the treating physician and the patient must occur 24 hours prior to the writing or communication of the first prescription for a drug or drugs which are used to induce an abortion.

During the conference, the patient is required to be screened for risk factors, which include any physical, psychological, or situational factors which would predispose the patient to, or increase the risk of, experiencing one or more adverse physical, emotional, or other health reactions to an abortion or drug or drugs used.

The substitute requires that at the end of the conference, the treating physician and the patient are required to sign a written statement certifying that the screening and discussion have occurred and that the woman gave her informed consent freely and without coercion. All executed statements will be maintained in the patient's medical file which are subject to the confidentiality laws of Missouri.

The Department of Health and Senior Services is required to develop a model form that will be used by treating physicians. In the absence of the model form, treating physicians are not exempt from the requirements of the substitute.

The substitute also requires persons performing abortions to furnish and maintain proof of medical malpractice insurance with coverage amounts of at least \$500,000. Abortion facilities and hospitals are prohibited from employing the services of a person to perform abortions if the person has not furnished or maintained proof of medical malpractice insurance.

A person who does not maintain medical malpractice insurance will be subject to additional sanctioning of their license, certificate, or permit.

The provisions concerning proof of medical malpractice insurance become effective January 1, 2004.

FISCAL NOTE: No impact on state funds.

PROPONENTS: Supporters say that many abortions are performed on women without adequate discussions of the procedures involved and the possibility of side effects such as reactions to certain medications and post-abortion syndrome. Physicians have a central role in providing sound medical information to patients. The bill will provide women with advanced medical consultation 24-hours prior to the performance of an abortion which will make it more likely that the consent given by a woman is based on all available information and is freely given. The bill will not place undue economic and emotional burdens on women.

Testifying for the bill were Representative Phillips; Missouri Right to Life; Concerned Women of America; Lori K. Driggs; Becki Rockers; Tina L. Tiemann; Leslie Callison; Missouri Catholic Conference; Campaign Life of Missouri; Missouri Family Network; Melanie L. Mills; and Jason Craddock.

OPPONENTS: Those who oppose the bill say that every woman has the right to determine her reproductive choices. Women have different social-psychological responses to certain events. The bill will result in reducing the already low numbers of physicians who perform abortions in Missouri and will create undue economic and emotional burdens on low to moderate income women. The bill will make access to other reproductive health care services more difficult for women in Missouri.

Testifying against the bill were Missouri Religious Coalition for Reproductive Choice; Black Women's Health Council; ACLU of Eastern Missouri; National Organization for Women; Women's Network; Planned Parenthood of Mid-Missouri, Kansas City and the St. Louis Regions; Greater Kansas City Women's Political Caucus; Tri-Rivers Planned Parenthood; and National Abortion and Reproductive Rights Action League of Missouri.

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